

**KANSAS IMMUNIZATION REQUIREMENTS**  
Based on age of child as of September 1 of current school year.

Ages 0-4*	Ages 5-6	Ages 7-18
<b>2 Months</b> 1 DTP/DTPaP 1 POLIO 1 Hib	<b>4 DTP/DTPaP/**DT</b> a) There must be a minimum of 4 weeks between doses, with 6 months between the 3rd and 4th dose. b) At least one dose must be on or after the 4th birthday. c) If 4th dose is administered before the 4th birthday, a booster 5th dose must be given at 4-6 years of age. ** If <12 months old when 1st dose of DT is given, child should receive a total of 4 primary DT doses. ** If 12 months of age or older at time of 1st dose of DT, a 3rd dose 6-12 months after 2nd dose completes primary series.	<b>3 Td</b> a) There must be a minimum of 4 weeks between doses, with 6 months between the 2nd and the 3rd dose. b) The Td booster is required 10 years after completion of the DTP/DTPaP/DT/Td primary series. The first booster may be given as early as 11-12 years of age if at least 5 years after the last DTP/DTPaP/DT/Td. If a dose is given sooner as part of wound management, the next booster is not needed for 10 years.
<b>4 Months</b> 2 DTP/DTPaP 2 POLIO Hib*	<b>All IPV or OPV Schedule</b> <b>4 POLIO are acceptable IF:</b> a) There is a minimum of 4 weeks between each dose, regardless of age given.	<b>All IPV or OPV Schedule</b> <b>4 POLIO are acceptable IF:</b> a) There is a minimum of 4 weeks between each dose, regardless of age given.
<b>6 Months</b> 3 DTP/DTPaP 3 POLIO Hib*	<b>3 POLIO are acceptable IF:</b> a) There is a minimum of 4 weeks between each dose, with 1 dose given on or after the 4th birthday.	<b>3 POLIO are acceptable IF:</b> a) There is a minimum of 4 weeks between each dose, with 1 dose given on or after the 4th birthday.
<b>12-15 Months</b> 4 DTP/DTPaP 4 POLIO 1 MMR Hib*	<b>IPV/OPV Combination Schedule</b> <b>4 POLIO are acceptable IF:</b> a) There is a minimum of 4 weeks between each dose, regardless of age given. Three doses of a combination schedule are NOT acceptable.  <b>2 MMR</b> a) The 1st dose must be on or after the 1st birthday. b) There must be 4 weeks between 1st and 2nd dose.	<b>IPV/OPV Combination Schedule</b> <b>4 POLIO are acceptable IF:</b> a) There is a minimum of 4 weeks between each dose, regardless of age given. Three doses of a combination schedule are NOT acceptable.  <b>2 MMR</b> a) The 1st dose must be on or after the 1st birthday. b) There must be 4 weeks between 1st and 2nd dose.

NOTE: There must be at least 6 months between the 3rd and 4th DTP/DTaP.

\* Refer to ACIP Recommended Schedule. (For copies call 785/296-5592.)

**NOTE:**

- Varicella vaccine is not necessary for individuals who have had the disease.
- Half doses or reduced doses of vaccine are not acceptable.
- The limit for DTP vaccine is 6 doses, and the limit for POLIO vaccine is 5 doses, regardless of schedule.
- Tetanus toxoid alone will not meet the 10-year booster requirement.
- Single antigen measles vaccine will not meet requirements without the addition of mumps and rubella vaccine.
- Immunizations started before 6 weeks of age are not considered valid, except for hepatitis B vaccine.

**PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.**

Must be documented by a physician, their office personnel, a health department representative, or a designated school representative. Parents or guardians may complete the religious exemption section only.

**1. Medical Exemption signed by a Medical Doctor (M.D.) or a Doctor of Osteopathy (D.O.)**

Medical License # \_\_\_\_\_ State of Licensure \_\_\_\_\_

Signature \_\_\_\_\_

Date of Licensure \_\_\_\_\_

Name (print) \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**2. Religious Exemption signed by the Parent or Guardian.**

Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. THE PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.